Northrise University

Report of Incomplete "I" Grade Form

This form is to be completed by the instructor issuing the "I" grade and filed in the department with a copy to the student.

Student Details (please print in CAPITAL LETTERS)

Last Name: _____ Matriculation ID: | | | | | | | | | |

First Name: _____ Contact Telephone: _____

Address: _____ Address 2._____

Postal Code: _____ Email: _____

Date of Request: _____

Course Details

Program: _____

Faculty: _____

Course ID: _____

Course Title: _____

Course Credits: _____

Term:_____ **Academic Year:** _____

The student must complete and submit the following work by:_____ (date) The following work should be completed for the removal of the "Incomplete". If appropriate, exams to be taken and specific information for grading should be attached.

Describe how the final grade should be determined after the required work has been completed and graded:

_____

_____

_____

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Office Use Only

Follow up Action

Date	Action Taken	Details of Approving Officer
	☐ Grade Changed ☐ Rejected	Name: _____
		Title _____
		Signature: _____

Comments: